Beaufort Memorial Hospital Freedom of Information Act Request Form

This form is used to request public records, documents, or materials under the South Carolina Freedom of Information Act (FOIA) from Beaufort Memorial Hospital ("BMH"), where applicable, and is to be completed by any person and/or entity seeking access for review or copies of public records.

Instructions for completing the Freedom of Information Act Request Form

1. Fill out the top portion of the form, providing as much and as detailed information as possible. We may contact you to obtain additional information necessary to fulfill your request. Please note that insufficient information may result in a delay of the production of the documents requested.
2. Read and sign the Family Privacy Protection Act statement.
3. Deposit and Payment: BMH may charge an advance deposit based on the estimated cost of searching for the documents requested. **Payment in full must be received prior to the release of the documents requested.** Please see Fee Schedule below.
4. Submit the form via email or mail:
   Email: Allison.Coppage@bmhsc.org
   Mail: Compliance Officer, Beaufort Memorial Hospital, 955 Ribaut Road, Beaufort, SC 29902

Fee Schedule

Search and Retrieval of electronic records and/or hard copy records: BMH will charge the number of hours required to search and retrieve the records. Search fee varies from $17-$28.14 depending upon the request type.

Redaction of non-public information: If any responsive records or portions of responsive records contain information that is not considered public under FOIA and/or any other applicable law, BMH will charge the number of hours required to redact the records at the lower of $47.00/hour or the prorated hourly salary of the lowest paid staff member who has the necessary skills and training to redact the requested records.

Cost:
Price per page:
Pages 1-30: $0.73/pg
Pages 31+: $0.56/pg

Please note that BMH is not required to create an electronic version of a public record when one does not exist in order to fulfill a records request, per FOIA at S.C. Code Ann. § 30-4-30 (A)(2). Please also note that BMH is not required to create new records or to conduct research, analyze data, or answer questions when responding to FOIA requests.

Information regarding forms of payment accepted will be provided in BMH's response and determination regarding the FOIA request.

South Carolina Freedom of Information Act Request Form

Request from (full name): _____
Company/Organization: _____
Address of requester: _____
Requester's contact data (phone and/or email): _____
Identification obtained (copy of driver's license, etc.): Yes or No (circle one, attach copy if Yes)
Request to: Review records -- or -- Obtain a copy/copies of records (circle one)

Exact request (please include full request or attach copy of original request if needed): _____
_____
_____
_____
_____
_____

Family Privacy Protection Act

The Family Protection Act, S.C. Code of Ann. §30-2-50, prohibits a person or private entity from knowingly obtaining or using any personal information obtained from BMH or other state agencies for commercial solicitation directed to any person in this state.

Commercial solicitation as defined in the Act means contact by telephone, mail, or electronic mail for the purpose of selling or marketing a consumer product or service. A person who knowingly violates this prohibition is guilty of a misdemeanor and subject to the penalties specified in S.C. Code Ann. §30-2-50(D).

I have read, understand, and agree to abide by the Family Privacy Protection Act. I will not use any personal information I may receive as a result of this request for purposes of commercial solicitation or in violation of law.

Signed: _____ Date: _____

To Submit FOIA Requests and for Additional Information, please contact:

Mail:
Compliance Officer, Beaufort Memorial Hospital
955 Ribaut Road
Beaufort, SC 29902
Phone: (843) 522-5108
Or Email: Allison.Coppage@bmhsc.org

For Internal Use Only
Requesters: please do not write below this line until you are asked to sign and date this form.

Request received by (print name and initial): _____

Date and Time received: _____

Responded to request (check one line):

____ Same business day ____ Within 10 business days
____ Within 20 business days ____ Other timeframe, (date) _____

Nature of response: (check one and provide detailed explanation)

____ Denial of request, letter sent on (date) _____
____ Confirmation of request letter sent on (date) _____

Summarize contents of all letters sent and note dates mailed: _____
_____
_____
_____
_____

Cost of each b&w one-page, single-sided letter copy: _____
Estimated number of letter-sized pages to be copied: _____
Cost of each b&w one-page, single-sided legal copy: _____
Estimated number of legal-sized pages to be copied: _____
(Requesters may incur additional charges for oversized, two-sided and color copies)

Labor Cost per hour		Estimated number of hours		Per person total
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
		Total	=	_____

(Please duplicate and complete another copy of this page if more than eight team members are required to fulfill this request.)

List and describe any other production costs associated with fulfillment of this request and attach documentation if needed: _____
_____
_____
_____

Records to be:
_____ Picked up by requester;
_____ Mailed, if so, estimate mailing cost _____;
_____ Sent by overnight delivery, if so, estimate cost _____.

Estimated grand total for request fulfillment: _____.

Estimated cost communicated to requester on (date) _____by mail (letter with copy of this form).

Advance payment of estimated cost received from requester by ____ Cash or ____ Check (made payable to Beaufort Memorial Hospital) on (date): _____.

Cost waived due to: ____ Grand Total does not meet $25 threshold;
____ Other reason (explain in detail):

_____
_____
_____
_____

_____
(Requester's signature with date above on receipt of estimate, please return signed form to BMH)

_____
(BMH representative's signature with date when copies are mailed to requester)

_____
(BMH representative's signature with date when signed form is received)

_____
(Requester's signature with date above on receipt of copies, please return signed form to BMH)